Shepperton Medical Practice

Quality Report

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Date of inspection visit: 12 October 2017
Date of publication: 08/12/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shepperton Medical Practice on 14 December 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Shepperton Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good. At our previous inspection on 14 December 2016, we rated the practice as requires improvement for providing well-led services as the processes for managing risk were not clear. At this inspection we found that it was unclear how effective the processes for managing risk were. Consequently, the practice is still rated as requires improvement for providing well-led services.

Our key findings were as follows:

- Risks were assessed and well managed in some areas, however there were some gaps where risk assessments had not been carried out or completed thoroughly.
- All clinical staff had checks with the Disclosure and Barring Service (DBS).
- There was an overview of training within the practice and all appropriate training had been completed.
- All staff had a record of an annual appraisal and a personal development plan.
- The practice was proactively monitoring QoF performance and exception reporting, and had a plan in place to increase the proportion of patients with dementia receiving an annual review.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Ensure that risk management documents are completed by an appropriate person for all relevant areas, including control of substances hazardous to health, with clear action plans of mitigating actions.
- Ensure that they are aware of the risks identified by external risk assessments and that appropriate mitigating actions have been taken.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

Following our previous inspection in November 2016 the practice had made improvements. At the inspection on 12 October 2017, we found:

- There was evidence of some internal risk assessments in place although some were not recorded and those that were did not always have clear mitigation recorded against the risks identified.
- The practice was not aware of the risks identified by external risk assessments.
- There was evidence of checks with the Disclosure and Barring Service (DBS) for all clinical staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

Following our previous inspection in November 2016 the practice had made significant improvements. At the inspection on 12 October 2017, we found:

- There was an overview of training within the practice and all appropriate training had been completed.
- All staff had a record of an annual appraisal and a personal development plan.
- The practice was proactively monitoring QoF performance and exception reporting, and had a plan in place to increase the proportion of patients with dementia receiving an annual review.

Are services well-led?

Requires improvement

The practice remains rated as requires improvement for providing well-led services.

Following our previous inspection in November 2016 the practice had made improvements; however areas for further improvement were identified. At the inspection on 12 October 2017, we found:

- There was an overarching governance framework in place within the practice; however the processes for managing and mitigating risks were not always recorded.

Summary of findings

- The practice was not aware of the risks identified by external risk assessments or the need for mitigating action to be undertaken by the practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
The provider had resolved the concerns for safety and effectiveness identified at our inspection on 14 December 2016. However, some concerns regarding identifying and managing risk in well-led had not been resolved. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safety and effectiveness identified at our inspection on 14 December 2016. However, some concerns regarding identifying and managing risk in well-led had not been resolved. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safety and effectiveness identified at our inspection on 14 December 2016. However, some concerns regarding identifying and managing risk in well-led had not been resolved. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety and effectiveness identified at our inspection on 14 December 2016. However, some concerns regarding identifying and managing risk in well-led had not been resolved. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety and effectiveness identified at our inspection on 14 December 2016. However, some concerns regarding identifying and managing risk in well-led had not been resolved. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and effectiveness identified at our inspection on 14 December 2016. However, some concerns regarding identifying and managing risk in well-led had not been resolved. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Summary of findings

What people who use the service say

The national GP patient survey is published annually and the most recent results were published in July 2017. This was based on data collected between January and March 2017. The results showed that patient satisfaction had improved since our last inspection and the practice was now performing in line with the local and England average.

- 58% (previously 46%) of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the England average of 71%.
- 88% (previously 45%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the England average of 84%.
- 87% (previously 44%) of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the England average of 77%.

The practice carried out an in-house survey in conjunction with the patient participation group and 78 patients responded (approximately 2% of the practice list). This survey showed that patient satisfaction had increased, for example; 88% of patients who responded said they thought that Shepperton Medical Practice was a caring practice and 81% of patients who responded said that they could get an appointment at a convenient time either all the time or most of the time.

Shepperton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and they were accompanied by a second CQC Inspector.

Background to Shepperton Medical Practice

Shepperton Medical Practice is a GP practice based in Shepperton in Middlesex. The practice provides GP services to 13,200 patients. Services are provided at the following location;

Shepperton Medical Practice,

Shepperton Court Drive,

Laleham Road,

Shepperton,

Middlesex,

TW17 8EJ.

There are seven GP partners (male and female) and one salaried GP (female). The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are seven female members of the nursing team; four nurses and three health care assistants. GPs and nurses are supported by a practice manager and a team of reception/ administration staff.

The practice was open between 8.30am and 6.30pm Monday to Friday and appointments were available during this time. Extended hours appointments were offered between 6.30pm and 8pm on a Tuesday, between 7am and 8am on a Tuesday, Wednesday and Thursday and from 7.30am on a Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Patients requiring a GP outside of the normal surgery hours are advised to call NHS 111 where they will be directed to the most appropriate out of hours service.

The practice runs a number of services for its patients including; chronic disease management, weight management, smoking cessation, maternity services, and travel vaccines and advice.

The practice has a higher proportion of patients over the age of 65 when compared with both the CCG and national averages and a lower proportion of patients under the age of 18. In addition the practice had a lower proportion of patients in paid work or education and lower unemployment. The practice is in the third least deprived decile, with significantly less deprivation than the national average and slightly less deprivation than the CCG average.

Why we carried out this inspection

We undertook a comprehensive inspection of Shepperton Medical Practice on 14 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated requires improvement for providing safe, effective and well led services.

Detailed findings

The full comprehensive reports on the 14 December 2016 inspection can be found by selecting the 'all reports' link for Shepperton Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection to assess whether improvements had been made in the areas identified as concerns in the December 2016 inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from North West Surrey Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 12 October 2017.

During our visit we:

- Spoke with a range of staff (GPs, practice manager and administration/reception staff).
- Looked at information the practice used to deliver care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

At our previous inspection on 14 December 2016, we rated the practice as requires improvement for providing safe services due to concerns regarding identification and management of risk and checks with the Disclosure and Barring Service (DBS).

Following our inspection on 12 October 2017 we found the practice had made some improvements and is now rated as good for providing safe services.

Overview of safety systems and processes

At our inspection in December 2016 we found that the practice had not carried out a risk assessment to determine which roles required DBS checks and that some of the staff who were acting as chaperones had not received DBS checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

During this inspection we saw evidence of DBS checks for all clinical staff and were told by the practice that non-clinical staff do not act as chaperones. We also noted that the practice had not completed a full risk assessment to determine which roles required DBS checks.

Monitoring risks to patients

At our inspection in December 2016 we found that the practice had some risk assessments in place; however others including control of substances hazardous to health (COSHH), premises and security, Legionella and general health and safety were not available to view. The practice told us that some of these risk assessments were held by NHS property services who manage the building. There was also no record of staff who had attended fire training.

During this inspection we saw that the practice had completed basic risk assessments in some areas, including general health and safety and fire. However some were not recorded and those that were did not always have clear mitigation recorded against the risks identified. We noted that the fire risk assessment was out of date. On the day of the inspection NHS property services provided documentation of the risk assessments and building checks that they held. We found that the practice was not aware of the risks identified by these external risk assessments, for example, the practice was not aware of actions identified as to be completed by tenants in the external fire risk assessment that was carried out in December 2016.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 December 2016, we rated the practice as requires improvement for providing effective services due to concerns regarding gaps in training records, a lack of regular appraisals and personal development plans and high exception reporting.

Following our inspection on 12 October 2017 we found the practice had made improvements and is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). There have not been any new results published since our last inspection.

At our previous inspection 14 December 2016 we found that in some areas, such as mental health care planning, exception reporting was very high (45% higher than local average). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We also noted that for some specific indicators, for example; foot checks for patients with diabetes, the practice was performing below local and national averages (practice 71%, local and national averages 81%).

During our inspection 12 October 2017 we saw evidence that the practice had systems in place to monitor QoF performance, which involved GP partners taking clinical lead roles for each area and administrative support from non-clinical staff. We spoke to GP partners and the named member of non-clinical staff who took lead responsibility for QoF. Clinical staff told us that they were also opportunistically reviewing patients. The practice demonstrated how they had identified coding errors and systems that had led to high exception reporting in certain disease areas. Under previous systems non-clinical staff had been exception reporting patients who had previously been exception reported, which had led to some patients being exception reported without clinical input. The practice described the new systems they had put in place to prevent this occurring in the future, and we saw unverified data to support this.

Effective staffing

At our previous inspection in December 2016 we found that the practice could not demonstrate that staff had the skills, knowledge and experience to deliver effective care and treatment as there were gaps in training records and there was not evidence that all staff had received appraisals within the previous twelve months.

When we inspected in October 2017 we found;

- We saw evidence that the practice recorded and maintained an overview of staff training and all staff training was up to date.
- We saw evidence that staff had received appraisals within the last twelve months or had an appraisal scheduled and that staff had personal development plans in place.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 14 December 2016, we rated the practice as requires improvement for providing well-led services regarding concerns around identifying, recording and managing risks. Following our inspection on 12 October 2017 we found the practice had made improvements, however there were still areas of concern so the practice remains rated as requires improvement for providing well-led services.

Governance arrangements

During this inspection in December 2016 we saw that there were some arrangements in place for identifying, recording and managing risks and implementing mitigating actions. However, records of these were not all available on site.

At our inspection in October 2017 we found that there were some internal risk assessments, for example health and safety and fire. However, some of the risk assessments had been completed by staff that did not have specific training to carry out these risk assessments. We noted the internal fire risk assessment had been completed in January 2016 and was due to be repeated in January 2017. When asked, the practice did not provide a copy of the January 2017 fire risk assessment. There were other areas of risk where documents demonstrating that the risk had been assessed and identified were not made available to us, for example; control of substances hazardous to health.

The practice was also unaware of the risks identified in external risk assessments carried out on behalf of the landlord. For example; the external fire risk assessment was carried out in December 2016 and the practice told us they were aware that the risk assessment had taken place in December 2016. However; the practice told us that the day of our inspection was the first time they had seen the results of the risk assessment. Some of the mitigating actions identified in the risk assessment were actions to be taken by the tenants, including this practice.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had failed to ensure that risks relating to the health, safety and welfare of service users and others were adequately identified, recorded and mitigated.** **This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**